

Sample 11+ Assessment Test for the CEM Test — Maths

Pupil's name:

Test date:

School name:

Date of Birth

Day	Month	Year
[0]	January	2005
[1]	February	2006
[2]	March	2007
[3]	April	2008
[4]	May	2009
[5]	June	2010
[6]	July	2011
[7]	August	2012
[8]	September	2013
[9]	October	2014
	November	2015
	December	2016

Pupil Number						School Number					
[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]	[0]
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Please mark
like this:

Sample Test

Answer multiple-choice questions by marking the correct box.

i

A

B

C

D

E

For write-in questions, put the correct number at the top, and mark it below. You might not need to use all the columns.

ii

3 8 cm

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Section A

<p>1</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>2</p> <p>minutes</p> <table border="1"> <tbody> <tr><td>[0]</td><td>[0]</td><td>[0]</td></tr> <tr><td>[1]</td><td>[1]</td><td>[1]</td></tr> <tr><td>[2]</td><td>[2]</td><td>[2]</td></tr> <tr><td>[3]</td><td>[3]</td><td>[3]</td></tr> <tr><td>[4]</td><td>[4]</td><td>[4]</td></tr> <tr><td>[5]</td><td>[5]</td><td>[5]</td></tr> <tr><td>[6]</td><td>[6]</td><td>[6]</td></tr> <tr><td>[7]</td><td>[7]</td><td>[7]</td></tr> <tr><td>[8]</td><td>[8]</td><td>[8]</td></tr> <tr><td>[9]</td><td>[9]</td><td>[9]</td></tr> </tbody> </table>	[0]	[0]	[0]	[1]	[1]	[1]	[2]	[2]	[2]	[3]	[3]	[3]	[4]	[4]	[4]	[5]	[5]	[5]	[6]	[6]	[6]	[7]	[7]	[7]	[8]	[8]	[8]	[9]	[9]	[9]	<p>3</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>4</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>5</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>	<p>6</p> <p>A <input type="checkbox"/></p> <p>B <input type="checkbox"/></p> <p>C <input type="checkbox"/></p> <p>D <input type="checkbox"/></p> <p>E <input type="checkbox"/></p>																																																											
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Section B

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19

[0]	[0]	m ²
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

20

[0]	[0]	%
[1]	[1]	
[2]	[2]	
[3]	[3]	
[4]	[4]	
[5]	[5]	
[6]	[6]	
[7]	[7]	
[8]	[8]	
[9]	[9]	

21

A

B

C

D

E

22

A

B

C

D

E

23

[0]	[0]	[0]	cm ³
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

24

A

B

C

D

E

25

[0]	[0]	[0]	m
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

26

[0]	[0]
[1]	[1]
[2]	[2]
[3]	[3]
[4]	[4]
[5]	[5]
[6]	[6]
[7]	[7]
[8]	[8]
[9]	[9]

27

[0]	[0]	[0]	°
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

28

A

B

C

D

E

29

[0]	[0]	[0]	hours
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	

30

[0]	[0]	[0]	minutes
[1]	[1]	[1]	
[2]	[2]	[2]	
[3]	[3]	[3]	
[4]	[4]	[4]	
[5]	[5]	[5]	
[6]	[6]	[6]	
[7]	[7]	[7]	
[8]	[8]	[8]	
[9]	[9]	[9]	